

<b>Interview Summary</b>	<b>Application No.</b> 10/660,070	<b>Applicant(s)</b> LOAFMAN, ZACHARY MERLYNN	
	<b>Examiner</b> Duc T. Doan	<b>Art Unit</b> 2188	

All participants (applicant, applicant's representative, PTO personnel):

(1) Duc T. Doan. (3) \_\_\_\_\_.

(2) Volel Emile #39969. (4) \_\_\_\_\_.

Date of Interview: 15 June 2006.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1.

Identification of prior art discussed: Bonewick and Printezis.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: A telephonic interview was conducted with Applicant's representative, Volel Emile (Reg # 39969) on 6/12/06 to discuss claim 1's limitation. Applicant's representatives presented arguments to overcome the rejection in view of Bonewick and Printezis et al. However, Examiner disagrees with Applicant's characterization of claim 1 limitations, including the squeeze action in the claim. No agreement was reached..

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required